

flumethiazide, trichlormethiazide, and chlorthalidone. Another contributor mentioned that spiro lactones reversed all the actions of aldosterone, and were the only diuretics so to do. Nevertheless it was clear that very little was really known about the mechanism of action of most of these newer drugs. It was also clear that the role of aldosterone itself both in oedema and in hypertension was not wholly clarified. Moreover, giving adrenal cortical hormones might cause the body to produce compounds antagonistic in turn to it.

A panel discussion which wound the conference up produced a great measure of disagreement among the participants. One wanted to treat all patients whose blood pressure was frequently above 150/90 mm. Hg, while another objected to this stereotyped approach. The order of treatment suggested by one speaker began with a newer diuretic; if this was ineffective, another specific hypertensive agent could be added, and if this combination was ineffective, surgery could be followed by prolonged drug therapy. It seemed that there was evidence to show that surgical sympathectomy did prolong the life of these patients, but there was as yet no definite evidence that drug therapy did so. One participant produced a useful analogy with diabetes, pointing out that this condition had been treated with insulin for years without wiping out the disease or abolishing the complications. There seems little doubt that we are prolonging life in the cases of severe hypertension, but the situation in milder cases is not too clear. All the speakers in panel discussion agreed that one should start treatment of the milder cases with a modern diuretic, though they were later accused by the conference chairman of attacking the problem of hypertension peripherally without getting to the nub of it.

Among the newer antihypertensive agents discussed were guanethidine, bretylium tosylate, which unfortunately soon produced tolerance, and the enzyme-inhibiting agents such as the inhibitors of monoamine oxidase and decarboxylase. These, however, are still in the experimental stage. S. S. B. GILDER

Plans for the Sunday service have been made by the Federation of Medical Women of Canada of which Dr. Jessie McGeachy of Saskatoon is the president. Dr. Charlotte Dafoe of Edmonton is local convener. Both will attend.

The Federation was formed in 1924 and is affiliated with the Medical Women's International Association. Dr. Margaret Collins of Edmonton will be attending a council meeting of the International Association in Baden Baden, Germany, in September. Canadian membership totals about 200; this represents about one-fourth of the women doctors in Canada.

On Monday, June 13, the Federation will hold its annual meeting at the Arrow Motor Hotel in Banff. This will take the form of a supper, followed by a business meeting. All women doctors are invited to attend, whether members of the Federation or not.

LADIES' PROGRAM

"Big Red Walkin' Hood," written by Peggy Miller of CJCA, Edmonton, will be produced, directed and narrated by her at the luncheon on Wednesday, June 15, being arranged for the doctors' wives attending the annual meeting in Banff.

Edmonton wives, who hope to pass incognito in their daring costumes, will form the cast. Of their share in this hilarious skit, they are unprofessionally reticent. But when Peggy Miller's name comes up, that is a different matter.

"She should have an honorary medical degree," said Hope Thomson, who played the part of Big Red in the Edmonton production last fall. "While she has no connection with the medical profession," Mrs. Thomson continued, "she will write, direct and frequently act in any entertainment to help local medical group needs." Radio station CJCA is also most generous in giving Peggy time off from her busy radio schedule to assist medical wives in the entertainment field.

The cast includes five principals, eight live puppets and the narrator, with able assistance from piano, drums and fiddle.

Tangible reminders of the mountains will be carried away by two doctors' wives attending the 93rd annual meeting when two original paintings are presented following a lucky draw at the luncheon on Wednesday, June 15, in the Banff Springs Hotel. From these pictures obtained by the Women's Committee, silk screens are being made and will form the cover for the program of convention events. So while only two may win the larger paintings, each woman attending will have a small silk screen print of the originals.

Janet Middleton, A.S.A., C.P.E., noted western artist, has been commissioned for the work and has depicted Peyto Lake in the Bow Valley and a mountain scene from Banff. Born in Vernon, B.C., Miss Middleton has received her training in Western Canada and is a member of the Society of Western Artists, San Francisco. She has been a member of the faculty of the Banff School of Fine Arts since 1948. Among recent honours she received a bronze medal in sculpture from the Vancouver Art Gallery and completed a commissioned mural for the C.N.I.B. building in Edmonton. In private life she is Mrs. J. M. Churchill of Calgary.

Association Notes

RELIGIOUS SERVICE AT THE 93rd ANNUAL MEETING

St. George's-in-the-Pines, a small, stone Anglican church, steeped in pioneer history, has been chosen for devotions for those attending the Annual Meeting in Banff, June 13-17. Rev. George Hollywood, M.A., will take the service at 11 a.m. on Sunday, June 12. Members of the executive of the Canadian Medical Association will read the lessons.

The first Church of England service in Banff goes back to 1885 and took place in a log building on Lynx Street behind the present King Edward Hotel. The cornerstone of the present church was laid in 1889 by Lady Stanley of Preston, wife of the Governor-General. King George VI and Queen Elizabeth attended a private service there in May 1939. At that time, this was the only Church of England in the western hemisphere in which a reigning British Monarch had worshipped. Two solid silver candlesticks donated by them stand on the altar.